SUBMIT: COMPLETED APPLICATION, TAX Bayfield County Planning and Zonling Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Réceived) O

ENTERED

Permit #: Amount Paid: Date: 188 188 188 (0-2)6-E 6-17-1

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED 7 APPLICANT.

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Refund:

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dge that I (we)	complete. {we} acknowledge that (we)	tand	Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	VITHOUT A PERMIT	A NULLA IOLIGANICA CONTRA		- >>==ain a ng		t-rum	Secretarial Staff
	×		Land Land				explain)	Other: (explain)		
	×		- Artistantian		- Limba	ນlain)	Conditional Use: (explain)	Conditio		
			- Addition of the second of th	William Control of the Control of th			Special Use: (explain)	Special L		בכי ביין ויטו זמטנימוייס
- Andrews				***************************************	and the second s				υ	Don'd for lessiance
	×				Iteration (specify)	ddition/A	Accessory Building Addition/Alteration	Accessor		
35 03	, .	4)	112	O RAM	HAMDICAL	(specify)	Accessory Building	Accessor	À	Municipal Use
A SORK	(M × T	- ():		***	DECK 0	(specify)	Addition/Alteration (specify)	Addition	₩	
メンイグ	>			A THE PROPERTY OF THE PARTY OF	<u>.</u>	actured dat	Mobile Home (manufactured date)	Mobile F		
-	×	ies) (food prep faciliti	or 🗆 cooking &	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	ıitary, <u>or</u> □	use w/ (□ san	Bunkhou		
and the same of th	×	_			age	with Attached Garage	with Atta		e	Commercial Use
) Deck	with (2 nd) Deck			
	×					eck	with a Deck			
	×					(2 nd) Porch	with (2 nd			
	×				C	yrch	with a Porch			Residential Use
	× ×	_			hack, etc.)	(i.e. cabin, hunting shack, etc.)		Residence		
	×				Principal Structure (first structure on property)	first struct	Structure	Principal		
Footage	mensions	D		e	Proposed Structure	-			~	Proposed Use
	2-10-12) 1017	17		70		-	1 1 1 V	11/1/11/11	THE SOUTH
	Height:	L 1	Width: 6		Length: 14		700	ところ	on:	roposed Constructi
	Height:		Width:		Length:	Ti o	or is relevant t	no applied fr	nermit hei	Existing Structure: Visionarmit hains applied for it relevant to it)
			□ None						(J	5/11/12
		oilet				ation			Property	15.0.1
	ntract)	rvice con	☐ Portable (w	X None		ement	☐ No Basement	iness on	Run a Business on	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	Ited (min 200 gallon)	or Vaul				ent		risting hidgi	Belocate (existing hide)	00000
	Type:		- 1	n 1	Teal Rould	, + LOIL	2-Story +	Aiteration	Addition/Aiteration	イングラグ
Well	Specify Type:	- 1	(New) Sanitary	J F	Seasonal	-	ı	truction	New Construction	
<u> </u>		ř	1339	•			1000			
Water	ne of y System perty?	What Type of ewer/Sanitary Syste is on the property?	Sew	# of bedrooms	Use	ories sement	# of Stories and/or basement	Ä	Project	Value at Time of Completion * include donated time &
										Non-Shoreland
No	No.	feet	Distance Structure is from Shoreline :	Distance Struct	Pond or Flowage If yescontinue	Lake, Pond	□ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	/Land withi	Is Property	
Present?	Floodplain Zone?	†			Creek or Landward side of Floodplain? If yescontinue	lf ye	of Floodplain?	dward side c	reek or Land	Shoreland C
Are Wetlands	ls Property in	reline:	ure is from Shoreline :	Distance Structure	m (incl. Intermittent)	₹iver, Stream	n 300 feet of F	/Land withir	ls Property	
0	0+ 160	rot size		lover	lown of:	¥	N, Range	 	_ , Township	Section
The State of the S	9 0	TATA TATA)	7 × °	<u> </u>	Tot(s)		Gov1 Lot	1/4	1/4,
	Page(s)_	Volume	٠.	E CALCANO	14-2-50	- 2	(Statemen	⊣ .	gal Descrip	LOCATION Le
ty Ownership)	ent: (i.e. Pro	Recorded D	00 23	i I	digits)	PIN: (23	SA(2) P	Orcher d	1a + 01	
Written Authorization Attached X Yes ☐ No	Attached X Yes	City/State/Zip):	s (include	Agent Mailing Address	Agent Phone: 71.5-7714-3430 Ag	Agent P	f of Owner(s))	cation on behall	Signing Application	Authorized Agent: (Person Signing Application on behalf of Owner(s))
one:	Plumber Phone:	- John Market		Plumber:	Contractor Phone: Plu	Contra		(THU	Contractor:
		HARI	54	N WI	er bster	City/state/Zip:		تر تر		STA
	WAK WH	cut 5	Herbsten,		14845 STATE How 13	-3-	TO Chie	Ommunit	COM!	terbster
HER	☐ B.O.A. ☐ OTHER Telephφne:	SPECIAL USE	ਰੋਂ	☐ CONDITIONAL USE	TARY PRIVY C	SANITARY Vailing		□ LAŅD USE	ESTED-	TYPE OF PERMIT REQUESTED
- CE Constitution with the constitution of the	The Part of the Control of the Contr	ă		Statistics and the state of the		- Annual Control of the Control of t		1		

AND SHOW VERNINGS

presigning on behalf of the owner(s) a letter of APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Z Z If you recently purchased the property send your Recorded Deed んためり

company this application)

Date

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410°

Date

Authorized Agent:

(If you

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) authorized Agent:

etion must accompany this application)

Address to send permit